

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008060

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 14

FILED MAR 6 1963

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNIONVILLE		c. CITY OR TOWN RURAL-LINCOLN TWP	
Length of stay in 1b 1 WK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE HOSPITAL		d. STREET ADDRESS (If outside, give location) UNIONVILLE	
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS CLARK MCKINLEY		4. DATE OF DEATH Month Day Year Feb 25 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY PUTNAM CO MO	
11. BIRTHPLACE (City and state or country) PUTNAM CO MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME B F MCKINLEY		13b. MOTHER'S MAIDEN NAME MARY MCCALLUM	
14. NAME OF HUSBAND OR WIFE VIRIAN MCKINLEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral aneurysm</i> DUE TO (b) <i>arteriosclerosis &amp; hypertension</i> DUE TO (c) <i>4 days</i>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION UNIONVILLE MO		20g. COUNTY PUTNAM	
20h. STATE MO		21. I attended the deceased from 2-21-63 to 2-25-63 and last saw him alive on 2-25-63 Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Chas L. Giddens DO		22b. ADDRESS Unionville MO	
22c. DATE SIGNED 2-26-63		23a. BURIAL, CREMATION, REMOVAL (Specify) B.	
23b. DATE 2-27-63		23c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEM	
23d. LOCATION (City, town, or county) UNIONVILLE MO		23e. STATE MO	
24. FUNERAL DIRECTOR FD. Husted		25. DATE RECD. BY LOCAL REG. 2-26-63	
26. REGISTRAR'S SIGNATURE Marvell Durbin			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300  
Rev. 4/59

0860

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Murl E. Huston

Licensed Embalmer No. 3304  
P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.